



TOWN OF WESTFORD
BOARD OF HEALTH
TOWN HALL
WESTFORD, MASSACHUSETTS 01886
Phone: 978-692-5509 Fax: 978-399-2558

Application to Breach, Alter, or Modify a Beaver, Muskrat, or other Fur-bearing Mammal Dam

Pursuant to the provisions of section 80A, Chapter 131 of the M.G.L and 321 CMR, the undersigned hereby applies for a permit to breach, alter or modify a beaver dam.

Name _____ Date _____ Phone _____
Address _____
City _____ Zip _____
Organization or Firm _____

The following information supports my request for a permit.

A problem caused by fur bearing mammal(s) exists on the property of:

Owner _____ Phone Number _____
Address _____ Map/Parcel _____
City _____ Zip _____
Animal Problems (Species & Damage) _____
Requested Action or Outcome _____

Location of proposed breaching, removal, or alteration (Address & Map/Parcel)

Date that removal or breaching operations are proposed to occur _____

I certify that the information provided above is true and correct to the best of my knowledge and belief.

Social Sec #/Federal ID #

Signature of Applicant

Date

Signature of Property Owner (where dam is located) Date

Signature of Property Owner (where dam is located) Date